

MEATHEAD WRESTLING CLUB MEMBERSHIP FORM

CHECK ONE →

- Athlete Membership (for ages 1 to 20). Also complete AAU Athlete Membership form.
 Adult Membership (ages 21+). Also complete AAU Adult Non-Athlete Membership form.

| | | | | | |
|--|--------------|-----------------|-----------------|--------------------------|-------------------------------|
| First Name | | Last Name | | | |
| Phone | | E-mail | | | |
| Address | | | | | |
| | | | | | |
| Gender (circle one) | M / F | Age | Date of Birth | Grade | Weight |
| Other Wrestling Club Affiliation if any (list club) | | | | | |
| Are you currently a member of USA Wrestling? (circle one) | | | YES / NO | | Existing USA Wrestling Card # |
| Are you currently a member of AAU Wrestling? (circle one) | | | YES / NO | | Existing AAU Wrestling Card # |
| Do you currently have health insurance? (circle one) | | YES / NO | | Company Name | Policy # |
| <p>By signing below, I understand that the sport of wrestling is a full contact sport and it is therefore possible that injury may occur at anytime while practicing or competing in this sport. I agree to hold harmless the Meathead Wrestling Club, it's coaches, members, volunteers, officers and board of directors from damages caused by any injury or illness that may occur as a result of participation in any practice, clinic, competition or other event hosted by the Meathead Wrestling Club or it's affiliates.</p> | | | | | |
| Signature of Enrollee (Parent or Guardian if under age 18) | | | | Date | |
| Print Name of Signor | | | | Relationship to Enrollee | |

PLEASE FOLLOW INSTRUCTIONS BELOW

- Print and complete this form.**
- Print and complete the appropriate AAU Membership form unless you are already an AAU member.**
- Bring the completed original forms to your first practice along with CASH OR CHECK made payable to "Meathead Wrestling Club" for the required program fee. You will not be allowed to participate without these completed forms and payment.**

Meathead Wrestling Club does have a membership fee scholarship program based on financial need. If you are interested in being contacted about participation in our scholarship program because of financial need, please initial here _____